Conclusion

The most remarkable advance in therapeutic oncology during the past 10-15 years has been in the treatment of germ cell tumours. A high proportion of patients with these cancers are now entered into large cooperative clinical trials, which hold the key to improvements in management in the future. These tumours are diverse and their management complex; referral to specialist oncology centres with the wide range of expertise necessary to treat these fascinating neoplasms should be considered in all cases.

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Letter from Poland

Too many advisers, not enough aid

Karin Chopin

This is the first of three articles examining health issues in Poland

"The minister says you will be able to explain more easily to the English when you have seen something of our country. He would welcome the opportunity, moreover, to see for once his country through a foreigner's eyes. Would madam be interested in accompanying our itinerant minister on his travels while she is here?" Word had obviously reached the Polish deputy minister of health that someone writing for the *BMJ* was in town. I had arrived in Poland in the autumn of last year to see how the new regime was addressing the country's poor health record. Having just spent a fairly fruitless week being ushered politely from office to office, listening to a lot of rhetoric about the proposed Polish health reforms, I was most definitely interested in travels with this minister.

The quixotic and controversial deputy minister of health, government sanitary inspector, and chief environmental health officer, Zbigniew Halat MD is engaged in a personal crusade to shake the health service out of the spiritual atrophy induced by 45 years of communism. Hard working, self reliant, aggressive, and abrasively masculine, this man of Promethean energies put me in mind of a nineteenth century northern mill owner. While he attended a seemingly endless succession of meetings and conferences in horrendously smoke filled rooms all over the country I was at liberty to sit in and listen, or privileged to roam free throughout hospitals, talking to patients and staff, or honoured as a foreign guest in schools, academic institutions, and factories. Over the next three months I was shown such a picture of Poland that I felt I had been to the horizon and back. Miraculously, door after door opened before me. I was profoundly touched by the warm acceptance and generosity with which I was received everywhere I visited, deeply appreciated after the struggle of Poland's paradoxical public boorishness. For all the traumas of their recent past, the Poles have retained their legendary hospitality, sense of humour, and capacity for enjoyment.

HIV and the church

My first expedition with Minister Halat was to a rehabilitation centre for HIV positive drug misusers just outside Warsaw, run by Father Arkadiusz Nowak, one of the angriest of the many angry citizens I met while I was in Poland. He is enraged by the attitude of the church on HIV: the Polish Primate, Cardinal Glemp, had just refused to sanction his request that he be allowed to issue condoms to a young couple who had recently come to live at the centre, and of whom only one was HIV positive; or, indeed, to allow him to give confession to members of the gay community, arguing that this would be tantamount to "encouraging them in their sinful ways." This newly set up centre had been receiving a great deal of media attention, since its residents had become a target for bigotry and violence from certain local factions; the minister was calling in

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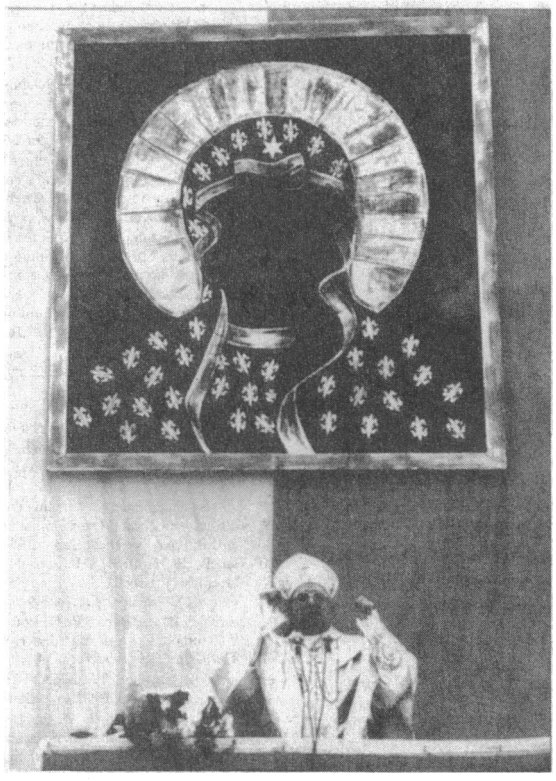


Black Madonna of Czestochowa at a mass in Gniezno

to offer Father Nowak moral support—"That is very often all the current predicament of this country and our health service allow me to offer," he admitted to me sadly. The Ministry of Education, from whom he might expect support in introducing certain health education topics into schools' curricula at all levels, will not oppose the religious establishment. The Catholic Academy in Lublin prepares the sex education curriculum for all schools. Whereas many Polish church leaders advocate tolerance and urge solidarity with people living with HIV and AIDS, virtually all are opposed to the easy accessibility, let alone the promotion, of condoms, even in the context of preventing HIV and AIDS. Emphasis is on steady and faithful relationships as the best remedy against HIV infection. Most Poles are regular churchgoers and the 1000 year role of the church in the nation's troubled history must be taken into account. For this reason progressive health educationalists in Poland recognise that a non-confrontational approach may be more effective in the long term.

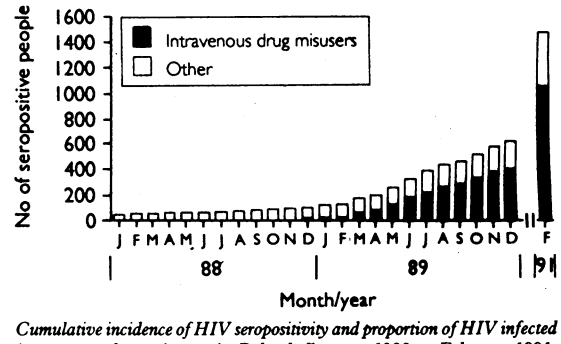
The attitude of the church is but one of many factors complicating the effective implementation of HIV and AIDS prevention and control policies in Poland. As in the other countries of central and eastern Europe, the AIDS epidemic in Poland has emerged only relatively recently, coinciding with major political and social upheaval. On the drive back to Warsaw, the roadside punctuated with wooden crosses wreathed with flowers and rowan, Dr Halat, as head of the National AIDS Programme (NAP), listed the whole sorry litany of factors hampering AIDS prevention and control measures in Poland. Firstly, Poland's catastrophic financial situation: "Since I came into this job," he told me, "I have been pleading the AIDS case to a government that has steadily reduced its allocations for AIDS to less than half of what I consider necessary to sustain the NAP even at minimal levels." Secondly, ideology: until recently eastern European governments have been perceiving AIDS as a disease of the corrupted West. Most people in Poland still believe that the roots of its spread lie in a "Western" way of life—that is, unrestrained and flourishing homosexuality, drugs, and an obsession with sex. The years of misinformation in Poland have caused AIDS to become an "epidemic of fear," resulting in the alienation of people living with HIV infection and AIDS. Thirdly, the Polish health care system has a tradition of paternalistic, curative approaches with little experience in interventions that can be compared to prevention, or health promotion, or for that matter, counselling. "We are trying to introduce relatively new intervention concepts that put strong emphasis on behaviour change, and on the individual's own ability to influence his health." Dr Halat hopes that the disease will be seen as a catalyst for health development in Poland, that it will help force the Polish government to put health issues high on its political agenda and the medical profession to re-evaluate its attitudes to many issues—health promotion, care of people with long term illness, standards of hygiene in hospitals, etc.

The problem of drug misuse

It was my good fortune to happen to be in Poland at the same time as a World Health Organisation team of experts who were touring the countries of central and eastern Europe to help their governments elaborate national plans for prevention and control of HIV and AIDS. They kindly took me under their wing, and it was fascinating to be able to view the epidemic in Poland through their experienced eyes. They, in turn, borrowed my ability to communicate with the Poles and thus we were better able to meet a wide variety of people and gain a more representative picture than that officially offered to us.

Official reports still indicate a low prevalence in eastern and central Europe—3% of the total European AIDS cases—but the incidence of the disease has increased considerably in several of the countries such that the rate of transmission resembles that in western Europe with a lag of five years. Poland ranks third, behind Yugoslavia and Romania, in the rate per million of officially reported cases of HIV infection. According to the department of epidemiology at the National Institute of Hygiene in Warsaw, by 29 February 1992, 2109 people with HIV infection and 94 with AIDS, of whom 44 had died, had been officially reported in Poland. Homosexual men represent the largest single group of people with AIDS, accounting for 58% of the total number of cases. Most (1549, 73%) people in Poland infected with HIV are injecting drug misusers, the proportion having increased vertiginously from zero in August 1988 to 73% in February 1992. The figure shows the unusually rapid development of the HIV epidemic among intravenous drug misusers in Poland.

Poland has long had a serious drug problem among its young people—the incidence of intravenous drug misuse is higher than in any other eastern European country. The Poles have a great love of poppies and their seeds; these delicate flowers are a national symbol, they proliferate in the countryside in summer (both the common poppy and *Papaver somniferum*); there is



Cumulative incidence of HIV seropositivity and proportion of HIV infected intravenous drug misusers in Poland, January 1988 to February 1991. (Source: WHO Global Programme on AIDS, 1991)

widespread domestic cultivation in rural areas of *P somniferum*, and everyone makes poppy seed cakes and breads. With characteristic Polish initiative intravenous drug misusers have developed a way of brewing up poppy straw to make a powerful narcotic, popularly known as compote, to which many of them then add any variety of barbiturates and benzodiazepines they can lay their hands on further to strengthen this concoction. The high prevalence of HIV infection among drug misusers results from sharing both aliquots of this compote (a social tradition) and needles and syringes because of poverty, culture, and the extreme marginalisation of drug addicts in Polish society. Needle and syringe exchange programmes exist but their value is debatable as it is widely believed that the compote itself is usually infected with HIV (the validity of this theory, however, has not been formally tested as yet). Intravenous drug misusers with no immediate access to free needles (the great majority) often use one needle up to 20 times. Although the HIV epidemic seemed to be well recognised among the drug misusers we spoke to, needle sharing was still common, and there was no evidence of any effective needle sterilising measures being taken by them. Official sources speak of 15 000-30 000 registered drug users in Poland, of whom an estimated 80% are intravenous drug misusers. However, according to Monar, the main non-government organisation involved in the prevention and treatment of drug misuse, Minister Halat, and sources at the Polish Institute of Psychiatry and Neurology, there are actually 10 times that number. The percentage of them infected with HIV is unknown—estimates range between 10% and 20%, and the World Health Organisation estimated there are probably at least 50 000—and there is good evidence that the prevalence is increasing sharply.

Prostitution

In the light of this rapidly increasing prevalence of HIV infection among intravenous drug misusers, it is of particular concern, therefore, that women in this group have been observed to an increasing extent to be entering into prostitution. Female prostitution is indeed strikingly evident in Warsaw. The World Health Organisation's team needed to assess the level of HIV awareness and knowledge about safe sex in this milieu, and to the amusement of all and sundry I became quite expert at conversing with ladies of the night, including the recently arrived Russian competition, on behalf of these eminent doctors. It was obvious from our inquiries that the use of condoms by all categories of prostitutes is very low. No active condom promotion activities are being carried out among this group, although condoms are provided free of charge in the special sexually transmitted diseases clinic for prostitutes in Warsaw. Polish condoms are popularly known as "socks" due to the large number of holes they contain, and indeed product quality control at the one condom factory that I visited was extremely rudimentary, the dimensional checks being done on a desk with an ordinary office ruler. The fortnightly checkups for sexually transmitted diseases at the Institute of Venereology in Warsaw required of all registered prostitutes (12 000—the actual number is estimated to be over 100 000) suggest that the clinic's staff and health policy makers consider the likelihood of prostitutes practising safe sex to be very low.

Visits from the West

Sadly, relations between the World Health Organisation's mission and their hosts were often confused and sometimes tense. No programme was provided in advance for them and there were difficulties in establishing effective contacts with key people. The organisation had difficulty ascertaining what the current policy on AIDS was and who held the power to implement it. Many of their hosts were, in turn, highly critical of them after they had left: "Too much WHO-speak and not enough specifics"; "Always wanted things done yesterday"; and "Would not take into account the corrosive effects of Poland's history," were among the comments I heard.

Being half Polish, but born and brought up entirely in England, I have learnt the relativity of cultural values on my own skin. I have always felt that my home is in the chinks between cultures, between the scenarios of aesthetic beliefs and political credos. It can be an interesting place to live, and in this instance, it proved to be a positive advantage. Health experts from outside Poland were apparent in large numbers last autumn in Poland—chiefly from the World Health Organisation, UNICEF, the World Bank, the European Economic Community, Project Hope, and bilateral institutions from the Scandinavian countries—and it was my privilege often to serve as interpreter and go between for individuals and institutions from East and West. Straddling the radically divided sensibilities of England and Poland as I do, it was easy for me to understand the linguistic and cultural divide that was often such a problem to individuals and missions from abroad. But actually trying to establish effective lines of communication between the two sides was, on occasions, like trying to thread a bear through a needle.

I could often sense that the Poles felt there was something offensive, even humiliating, in the way they were being questioned by visiting Western professionals; that it was being done with the wrong kind of enthusiasm; and then, indeed, to what concrete purpose? What seemed to hurt most was the distinction—whether implied or explicit—made by visiting Western professionals between "the West" and them. The Poles themselves make this distinction often, but up until now they have kept it inside as their sad embarrassment, and certainly, they do not like outsiders to acknowledge it. To see the secret discovered, to see it materialise, openly admitted, was obviously humiliating. To take but two examples, they were embarrassed that no official statistical data regarding nosocomial infections were available in Poland at the time of the WHO team's visit last October, and that substantial financial inducements were necessary to persuade most medical staff to work with people with HIV and AIDS.

Still being rearranged by strangers

One sensed very clearly that their history, their poverty, and the system they have endured for 45 years have, in many ways, deprived them of self esteem. They feel that the West is looking down on them. It is a great mistake to underestimate what all this means to the Poles, for they come from a country whose borders have been shifted backwards and forwards, rearranged by strangers many times. Yet they feel strongly that they have always been a part of the community of Western Europe. Moreover, what foreign advisers often seem to miss is that whereas most Polish professionals have an impressive theoretical framework, they often do not know how to apply theories to practice, how to package ideas so that they can motivate others, or how to utilise incentives to create situations where people can achieve their goals. Dr Jerzy Karski, head of the department of health promotion at the National Centre for Health System Management in Warsaw, explained to me: "Our situational analysis is very good; we knew socialism couldn't work—a fine creed in theory but too pure for human beings. But your foreign advisers are all too

often a great disappointment to us. They come over here and start out as if in deepest Africa, spending a great deal of time and money arriving at conclusions we ourselves reached long ago." Indeed, the consensus of opinion in Poland is that too much loan and grant money from the European Community, the World Health Organisation, the World Bank, and other smaller agencies such as the British Know-How Fund, is being misused or wasted, often squandered on unnecessarily elaborate studies carried out by Western consultants. "Too many advisers, not enough aid," was a comment I heard all too frequently. In the words of Dr Karski: "We already have the 'know' it's the 'how' we need help with."

Health Care in Russia

Helping Russia

Tony Delamothe

When Professor Bella Denisenko, first deputy Russian minister of health, visited Britain recently she brought a shopping list with her. On it were pharmaceuticals, hospital equipment, general practice, insurance funding, managing secondary care, and medical education. While here she was wined and dined mainly by people with something to sell. One of the organisers of Professor Denisenko's visit was embarrassed by the lavishness of the entertainment laid on for her. It seemed incongruous given the shortages that Russia is facing.

Visits by representatives of the Russian health ministry to Britain are rare: most of the traffic is in the other direction, and recently it has become a flood. Hardly a plane touches down in Moscow or St Petersburg these days without at least one passenger claiming a special interest in the Russian health system. Most arrive hoping to take more from Russia than they bring.

Consider the opportunities: a population of 145m and a health system in tatters. There has never been anything like it before; perhaps the scramble to carve up the Wild West comes closest. Certainly tales of carpetbaggers, shyster lawyers, snake oil merchants, and missionaries are rife. The testimonies of participants at a recent workshop on health care management in Russia did nothing to contradict this analogy. The aim of the workshop, held at the King's Fund College in conjunction with the British Council and the Association for the Promotion of Healthcare in the Former Soviet Union, was "to promote a feeling that the British suppliers of health care development can actively work together to produce a collaborative and coordinated response to the needs of the Russian health care system."

Taking up too much time

Not all the visitors to Russia are out to make a fast buck: many resemble bystanders at an accident who would like, in no clearly thought out way, "to help." But blanket assumptions of altruism are wrong. Ask an academic why he is on his fifteenth trip to eastern Europe this year (and is planning to annex Russia) and he will tell you that it is for money (from lucrative projects for aid agencies), foreign students, and opportunities for research in what for Westerners is virgin territory. For academics Russia probably more closely resembles the Third World than the Wild West. "The problem," one of them said, "is that there are a lot of people getting into Russia who never got into Africa. They don't realise the difficulties."

Whoever is to blame, there is general agreement that too many people have been going to Russia to catch up on what's been happening. Their main contribution has been to take up Russians' valuable time. The

Russia: the greatest carve up since the Wild West?

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